

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Support Your Bexley Library							
Full Name of Contributor Scott Ziance					Registration Number, if PAC		
Street Address 270 N. Cassingham Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State OH	Zip Code 43209	M 0	D 8	Y 1	Amount \$100.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State OH	Zip Code	M	D	Y	Amount	
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City	State OH	Zip Code	M	D	Y	Amount	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total **\$100.00**